

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/00812 6/19/98

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1					
6			1			
7			1			
8			1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
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16	1		1			
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19	1		1			
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25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34			1			
35			1			
36			1			
37					1	
38					6	
39					0	
40			1			
41			1			
42					1	
43					1	
44					1	
45			1			
46						
47						
48						
49						
50						
TOTAL IND.	53		38			
TOTAL DEP.	0	↔	16	↔		↔
TOTAL CLAIMS	33		54			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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TOTAL DEP.								
TOTAL CLAIMS								